



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: HEART HOSPITAL AT DEACONESS GATEWAY

City of Hospital: Newburgh

Year Begin: 10/01/2011 (mm/dd/yyyy format)

Year End: 09/30/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0175

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

|                                     |             |
|-------------------------------------|-------------|
| Inpatient Patient Service Revenue   | \$77964030  |
| Outpatient Patient Service Revenue  | \$61662470  |
| Total Gross Patient Service Revenue | \$139626500 |

#### 2. Deductions From Revenue

|                       |            |
|-----------------------|------------|
| Contractual Allowance | \$85762691 |
| Other Deductions      | \$2092537  |
| Total Deductions      | \$87855228 |

#### 3. Total Operating Revenue

|                             |            |
|-----------------------------|------------|
| Net Patient Service Revenue | \$51771272 |
| Other Operating Revenue     | \$1333384  |
| Total Operating Revenue     | \$53104656 |

#### 4. Operating Expenses

|                               |            |                   |            |
|-------------------------------|------------|-------------------|------------|
| Salaries and Wages            | \$0        | Employee Benefits | \$0        |
| Depreciation and Amortization | \$463740   | Interest Expense  | \$4412     |
| Bad Debt                      | \$1537873  | Other Expenses    | \$37796884 |
| Total Operating Expenses      | \$39802909 |                   |            |

#### 5. Net Revenue and Expenses

|                                   |            |                   |            |
|-----------------------------------|------------|-------------------|------------|
| Excess Revenue over Expenses      | \$13301747 | Total Assets      | \$19736617 |
| Net Non-operating Gains over Loss | \$1435     | Total Liabilities | \$5804655  |
| Total Net Gains                   | \$13303182 |                   |            |

### Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|----------------|-----------------------|-----------------------|-------------------------------|
|----------------|-----------------------|-----------------------|-------------------------------|

|                  |             |            |            |
|------------------|-------------|------------|------------|
| Medicare         | \$80552279  | \$58310891 | \$22241388 |
| Medicaid         | \$5629718   | \$5515890  | \$113828   |
| Other Government | \$0         | \$0        | \$0        |
| Other State      | \$0         | \$0        | \$0        |
| Other Payers     | \$53444504  | \$22577789 | \$30866715 |
| Total            | \$139626501 | \$86404570 | \$53221931 |

### Statement Three: Donations Statement

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0                        | \$0                         | \$0                     |

### Statement Four: Research Statement

|          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0                        | \$0                         | \$0                     |

### Statement Five: Education Statement

| Education of          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0                        | \$0                         | \$0                     |
| Hospital Patients     | \$0                        | \$4391                      | \$-4391                 |
| Community Education   | \$0                        | \$0                         | \$0                     |

|   |      |
|---|------|
| Number of Medical Professionals Trained                 |      |
| Number of Hospital Patients Educated                    | 2000 |
| Number of Citizens Exposed to Health Education Messages |      |

### Statement Six: Charity Statement

|                          |           |
|--------------------------|-----------|
| Hospital Charity Charges | \$2092537 |
|--------------------------|-----------|

|                           | Payments from<br>Clients | Less Costs to<br>Hospital | Unreimbursed<br>Costs to Hospital |
|---------------------------|--------------------------|---------------------------|-----------------------------------|
| Charity Care              | \$0                      | \$0                       |                                   |
| HCI Payments              | \$0                      |                           |                                   |
| Subtotal                  | \$0                      | \$0                       | \$0                               |
| Medicaid Shortfalls       | \$1142980                | \$1077264                 |                                   |
| Subtotal                  | \$1142980                | \$1077264                 | \$65716                           |
| DSH Payments              | \$0                      |                           |                                   |
| Subtotal                  | \$1142980                | \$1077264                 | \$65716                           |
| Medicare Shortfalls       | \$18947569               | \$19595060                |                                   |
| Other Government Programs | \$0                      | \$0                       |                                   |
| Total                     | \$20090549               | \$20672324                | \$-581775                         |

### Statement Seven: Subsidized Health Services for the Community

|                      | Estimated<br>Incoming<br>Revenue | Estimated<br>Outgoing<br>Expenses | Net Dollar Gain or<br>Loss |
|----------------------|----------------------------------|-----------------------------------|----------------------------|
| Community Programs   | \$0                              | \$0                               | \$0                        |
| Community Assessment | \$0                              | \$0                               | \$0                        |
| Provision of Taxes   | \$0                              | \$80920                           | \$-80920                   |
| Other Allocations    | \$0                              | \$0                               | \$0                        |